INVOICE

Remit to:

LA County Assessor Office P.O. Box 54949 Los Angeles CA 90054-0949

Bill to:
CITY OF CARSON
701 E CARSON STREET
First Supervisorial District
CARSON CA 90745

| Customer Name CITY OF CARSON | | |
|------------------------------|----------------|-----------------|
| Customer Number | Invoice Number | Invoice Date |
| 508690 | 20ASRE221 | 06-23-20 |
| | ARDept/BPRO | Due Date |
| | AS:OWNI1 | 07-23-20 |
| | Project No | Revenue Source |
| | | 9679 |
| | Amount Due | Amount Enclosed |
| | \$ | 15.00 |

| Payment | Method: | Mone | y Order | Г |
|---------|---------|------|---------|---|
| Check | | | | _ |

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed.Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to LA County Assessor Office



Assessor

ORIGINAL

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| | | Customer N | umber | Ir | voice Num | mber | Invoice D | ate |
|---------------------------------|------------------------------|-----------------|---------------|--------|--------------------|--------------------|---------------|--------------------|
| | | 508690 | | 20 | ASRE221 | | 06-23-20 | |
| Invoice Charges | | | | | | | | |
| Ref Line No. Project Desc | Description | Service From | Service To | Taxab: | No. of le Units | Unit of Measure | Unit Price | Charges/ Credit |
| 1 | 3 maps @ \$5.00 each (email) | 05-30-20 |) | | | | | \$15.00 |
| | | | | | | TOTAL INVO | DICE Charges | \$15.00 |

| Other Charges | |
|------------------------------|---------------------|
| Description | Date Charge |
| | 06-23-20 |
| | TOTAL OTHER Charges |
| | |
| Credit Payments Applied | \$0.00 |
| Total Amount Due By 07-23-20 | \$15.00 |

Terms : Net 30 days Remit Payment To: Los Angeles County Assessor Angeles, CA 90054-0949 Inquiries (213) 893-1140

P.O. Box 54949 Los

